

NOTICE
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2013 IL App (4th) 120236-U

NO. 4-12-0236

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

FILED

February 20, 2013
Carla Bender
4th District Appellate
Court, IL

In re: LAURINE R., a Person Found Subject to)	Appeal from
Involuntary Admission,)	Circuit Court of
THE PEOPLE OF THE STATE OF ILLINOIS,)	McLean County
Petitioner-Appellee,)	No. 12MH64
v.)	
LAURINE R.,)	Honorable
Respondent-Appellant.)	Rebecca Simmons Foley,
)	Judge Presiding.

JUSTICE POPE delivered the judgment of the court.
Presiding Justice Steigmann and Justice Appleton concurred in the judgment.

ORDER

¶1 *Held:* Guardianship's motion to withdraw as counsel on appeal allowed, where no colorable argument can be made (1) the State failed to prove by clear and convincing evidence respondent was subject to involuntary admission; or (2) the trial court erred by admitting the social service disposition report over counsel's objection and allowing the testifying psychiatrist to testify concerning the report, where the report was not prepared or relied on by the testifying psychiatrist.

¶2 Following a hearing in March 2012, the trial court found respondent, Laurine R., subject to involuntary admission and ordered her to be admitted to a mental health facility for a period not to exceed 90 days (405 ILCS 5/1-119, 3-700 (West 2010)).

¶3 Respondent appealed and Legal Advocacy Service (Guardianship), a division of the Illinois Guardianship and Advocacy Commission, was appointed to represent her on appeal. Guardianship has filed a motion to withdraw as counsel on appeal, pursuant to *Anders v. California*, 386 U.S. 738 (1967), claiming the case presents no meritorious issues suitable for review.

Guardianship alleges respondent can make no meritorious argument (1) the State failed to prove by clear and convincing evidence respondent, because of her mental illness, was unable to care for her basic physical needs so as to guard herself from serious harm without assistance from family or outside help; or (2) the trial court erred by admitting the social service disposition report over counsel's objection and allowing the testifying psychiatrist to testify concerning the report, where the report was not prepared or relied on by the testifying psychiatrist. We agree and grant Guardianship's motion.

¶ 4

I. BACKGROUND

¶ 5 On February 17, 2012, Christopher Hayes, a career manager with the crisis team at the Center for Human Services in Bloomington, Illinois, responded to a call from Safe Harbor, reporting respondent was threatening to "beat up" other residents at Safe Harbor. Hayes testified when he arrived at Safe Harbor respondent "seemed very elevated with her mood and affect," had rapid speech which did not make sense, and was "very irritable." Based on his interaction with respondent, his previous history with her, and the information he possessed at the time, Hayes had respondent transferred to Advocate BroMenn Medical Center Emergency Room (BroMenn).

¶ 6 Hayes filled out a petition to have respondent involuntarily committed because "she was presenting as acutely psychotic" and he did not believe she was able to care for herself or keep herself safe based on her presentation. The petition was filed in the circuit court on February 21, 2012. On March 8, 2012, the circuit court held a hearing on the petition.

¶ 7 Dr. Scott McCormick testified he was respondent's treating psychiatrist. His first contact with respondent regarding the current admission was February 18, 2012, on the medical floor of BroMenn. Respondent was on the medical floor because she had "out-of-control blood pressure."

McFarland Mental Health Center would not allow respondent to transfer from BroMenn until her blood pressure was stabilized. Respondent eventually transferred from the medical floor to the mental health floor at BroMenn. McCormick had previously met respondent in 2003.

¶ 8 McCormick testified respondent presented with a manic episode and continued to manifest such behavior. The manic episode was "characterized by grandiosity, pressured speech, flight of ideas, thought disorder, and delusions of persecution." Respondent was disorganized, disruptive, and difficult to work with. Respondent refused to allow blood pressure measurement or treatment of her high blood pressure. McCormick explained respondent was at risk for heart attack and stroke due to her refusal to allow treatment of her high blood pressure.

¶ 9 McCormick's diagnosis of respondent was bipolar disorder, manic episode with psychosis. Prior to her admission at BroMenn, respondent had been in outpatient treatment with Dr. Hamilton at the Center for Human Services, but had dropped out of treatment in September 2011. Respondent had been taking Geodon, Klonopin, and Topomax in conjunction with her treatment. McCormick prescribed respondent two of the three drugs, Geodon and Klonopin, because it appeared she experienced "many years of stability" with the medication. Respondent refused to take Geodon until four days before the hearing and only wanted to take Klonopin on an as-needed basis. McCormick allowed respondent to resume taking Topomax at her request two days prior to trial.

¶ 10 McCormick believed respondent was putting herself in medical and physical danger due to her poor insight. McCormick recommended respondent continue on her medications as well as have her blood pressure treated. He recommended inpatient treatment and did not believe a less restrictive treatment alternative would be beneficial. McCormick testified the social services disposition report recommended respondent be committed on an inpatient basis. Another member

of the treatment team prepared the report and McCormick did not rely on it in diagnosing or treating respondent.

¶ 11 Respondent testified she discontinued her treatment and medication because her symptoms were "in remission." Respondent explained her medications caused her to have high blood pressure. She refused treatment for her blood pressure because she did not see any purpose in treating it if the medicine was going to cause it "any ways [*sic*]." If released from the hospital, respondent planned to stay at a shelter in Aurora, Illinois, but she could not remember the name of the shelter. She said she would remain on the Geodon and Topomax if it would "put [her] family members at ease." However, respondent did not believe she "need[ed] the medications in the first place."

¶ 12 The trial court found the State proved by clear and convincing evidence respondent was unable to care for herself, so as to guard herself from serious harm. Respondent's limited insight was placing her in medical danger by her refusal to allow treatment of her elevated blood pressure. Less restrictive alternatives were not appropriate because she discontinued her outpatient treatment and her medications, believing her symptoms were in remission, and was still refusing to take her medications as prescribed. The court granted the petition and committed respondent to a mental health facility for period not to exceed 90 days.

¶ 13 Respondent appealed and Guardianship was appointed to represent her.

¶ 14 II. ANALYSIS

¶ 15 Guardianship seeks to withdraw as counsel on appeal, claiming this appeal presents no meritorious issues for review. Guardianship alleges respondent can make no meritorious argument (1) the State failed to prove by clear and convincing evidence respondent, because of her

mental illness, was unable to care for her basic physical needs so as to guard herself from serious harm without assistance from family or outside help; and (2) the trial court erred by admitting the social service disposition report over counsel's objection and allowing McCormick to testify to the report, where the report was not prepared or relied on by McCormick. We gave respondent until October 24, 2012, to file additional points and authorities in support of her appeal, but she failed to do so.

¶ 16 Initially, we note this appeal is moot due to the limited duration of the commitment order, as are most appeals from involuntary admissions. However, Guardianship has chosen not to address the mootness of this appeal and instead only addresses its merits.

¶ 17 At the trial level, the State must prove, by clear and convincing evidence, the statutory basis for involuntarily committing the respondent. *In re Bert W.*, 313 Ill. App. 3d 788, 793, 730 N.E.2d 591, 597 (2000). The appropriate standard of review is whether the trial court's decision was manifestly erroneous. *Bert W.*, 313 Ill. App. 3d at 794, 730 N.E.2d at 597. A trial court's decision is not against the manifest weight of the evidence unless the opposite conclusion is clearly evident. *In re Edward S.*, 298 Ill. App. 3d 162, 165, 698 N.E.2d 186, 188 (1998). Therefore, "[a] reviewing court will not reverse a trial court's decision merely because it might have come to a different conclusion." *In re Dorothy W.*, 295 Ill. App. 3d 107, 108, 692 N.E.2d 388, 389 (1998).

¶ 18 Counsel first concludes no colorable argument can be made the State failed to meet its burden for involuntary commitment, and we agree. The State sufficiently proved respondent met the criteria for involuntary admission as set forth in section 1-119 of the Mental Health and Developmental Disabilities Code (Mental Health Code) (405 ILCS 5/1-119 (West 2010)). The State showed respondent suffered from a mental illness, specifically bipolar disorder, manic episode with

psychosis. As a result of her mental illness, she was unable to provide for her basic physical needs so as to guard herself from serious harm, without the assistance of family or others, unless treated on an inpatient basis. Respondent refused to allow medical assessment and treatment of her blood pressure, which placed her at risk for heart attack and stroke. She also refused to take her medication as prescribed by McCormick and denied needing medication at all. On this record, respondent can make no meritorious argument it was against the manifest weight of the evidence for the trial court to find the State proved the petition.

¶ 19 Counsel next concludes no colorable argument can be made the trial court erred in admitting the social service disposition report into evidence over counsel's objection. We agree. Section 3-810 of the Mental Health Code requires a dispositional report to be filed and further requires the trial court to review such report. See 405 ILCS 5/3-810 (West 2010). Thus, the report was necessary to the proceedings. The Mental Health Code specifies the report is to be prepared by "the facility director or such other person as the court may direct." 405 ILCS 5/3-810 (West 2010). It does not require the testifying psychiatrist to prepare the report; nor does it require the person who prepared the report to testify to its contents before being admitted. Moreover, the Mental Health Code does not prohibit the treating psychiatrist from testifying to such report; or require the testifying psychiatrist to rely on the report for diagnosis or treatment. The report is simply used as a tool by the court in making its final disposition. As McCormick explained, the report "generally summarizes information that the team has already discussed among itself and which is documented elsewhere in the chart" and is therefore "redundant." Respondent can make no meritorious argument the court erred in admitting the report and allowing McCormick to testify to its contents.

¶ 20

III. CONCLUSION

¶ 21 After reviewing the record consistent with our responsibilities under *Anders*, we agree with Guardianship respondent can raise no meritorious issues on appeal. We grant Guardianship's motion to withdraw as counsel for respondent and affirm the trial court's judgment.

¶ 22 Affirmed.